

Meeting Minutes
Substance Abuse and Child Safety Task Force
August 18, 2016 – 1:00 P.M.
Indiana Statehouse – Room 431

Members Present:

Parri Black, Youth First, Inc.; Sirrilla Blackmon, FSSA; Cathy Boggs, Department of Child Services; Sam Criss, Department of Child Services; Mindi Goodpaster, Marion County Commission on Youth; Cathleen Graham, Indiana Association of Resources and Child Advocacy; Senator Randy Head, Chair; Katie Hokanson, Indiana State Department of Health; Marc Kniola, Department of Corrections;

Staff Members Present: Mike Brown, Indiana State Senate

Call to Order: 1:00 P.M.

Approval of April 12, 2016 Minutes:

- Approved by voice vote

Presentations:

Leo Korolev and Cindy Vaught, Indiana Professional Licensing Agency

Topic: Social Worker Reciprocity in Indiana

Indiana provides licensure for social workers in two categories: Licensed Social Worker (LSW) and Licensed Clinical Social Worker (LCSW). In order to be a LSW, an individual must complete a bachelor's degree in social work and have two years of experience in the field, or complete a master's degree in social work. To be a LCSW, an individual must have at least a master's degree in social work, and preferably a doctoral degree in social work. Both LSWs and LCSWs are required to pass an examination provided by the board. The examination adopted by the board is the Association of Social Work Boards Master's Social Work Exam, which has a passing rate of 74%. There are currently 2,518 active LSWs in Indiana and 4,633 LCSWs. If someone fails the exam 3 times then they may have to go before the board. There is a cost for each exam. Additionally, individuals must complete 20 hours per year in continuing education.

Reciprocity: There is currently no system of reciprocity between states for social work licensure. Social workers have to reapply for licensure, and in Indiana applicants can get licensure by endorsement, which means they do not have to take the licensing exam if they have already taken a similar test in another state. Senator Head asked if there is a national exam that was administered by each state. Cindy replied that there is a national exam provided by each state. Head asked if there are reciprocity barriers for people wishing to come to Indiana. Cindy did not feel that there were any barriers because there have been very few licensure denials.

Head asked if most states have the same standards as Indiana. Cindy replied that surrounding states have similar reciprocity guidelines, but compared to other states Indiana is a bit more stringent. Cathleen Graham asked if the Board has looked at reciprocity. Cindy stated that if there are problems they will review procedure. Graham had a concern that for mental health counselors this approval can take months. Cindy replied that it depends on how long it takes for an applicant to get the board the required information. They can get a temporary license in the meantime and that allows them to practice. Sirrilla Blackmon asked if there is data on how many LCSW, Licensed Clinical Mental Health Counselors, and addiction counselors come from other states and how many of them are approved. Seeing those numbers would be very helpful. Cindy stated that it will be difficult to get numbers, but she can get something to the task force. Cathy Boggs asked what someone would need to do in order to be licensed if coming from another state. People must have their scores sent, verify hours, verify experience, and verify credentials other state. Cindy stated that most people have taken the correct classes in other states and are approved in Indiana. Boggs stated that is not what she and others have been hearing in the field. There are many people that have not taken the same classes and can be denied. Temporary licenses what does this allow? Cindy stated that a temporary license is good for 6 months and allows someone to practice as if fully licensed. Graham asked if there are often times where people have to take an additional class in order to adhere to Indiana's guidelines. Suzanne Clifford asked if they are hearing about barriers to getting licensed. CJ Davis has big concerns about reciprocity. Mike Brown is to reach out to CJ Davis about his concerns. The task force is to discuss this issue more at the next meeting.

Ashley Heart and Darcy Tower, Students at IUPUI

Topic: Indiana Youth Suicide Prevention – A Formative Report

The panel was composed of a multi-disciplinary team from IU Indy Law, IUPUI School of Social Work, and IUPUI School of Public Health. The team limited their scope to ages 10-19. Indiana has the highest rate in the country for teens who considered suicide and second in the country for teens that have attempted suicide. There are 12 prevention programs that teachers can use – 11 of those are evidence based, but not all encompass intervention, postvention, etc. There are problems in access to acute ambulatory care, and there are cost restrictions. Additionally, if people visit the ER there is a lack of licensed clinicians.

Workforce Shortage: In Indiana there are 75,085 youths to every 1 mental health and crisis intervention social worker. There are 1,309 youths to every 1 child, family, and school social worker. Finally, there are about 32 teachers to every 1 student in Indiana. Teachers encounter students each day, so they need to be able to identify warning signs associated with suicide.

Solutions: New teachers are trained, but there is no requirement for continued training. Some states are going to the Columbia Suicide Scale for help and requesting grants from SAMHA. The team recommends that the Department of Health create a website for mental

health facilities and where people can go for help. Regarding Workforce Development, Indiana does offer incentives to forgive loans (\$25,000 per year for 4 years) for mental health professionals. However, this loan forgiveness program is not marketed well. Next, pay disparity is an issue. For example, teachers in Carmel are paid more than teachers in IPS. New Jersey has stringent teacher educational standards. Next, the students spoke about gun restrictions. One solution is to print the suicide prevention hotline on the back of a gun license.

- The report concluded that there is: 1) limited policy and procedures for schools within the current Indiana suicide prevention plan, 2) lack of data and resources for mental health crisis services; 3) lack of coordination on the systemic level preventing Hoosiers' from accessing needed mental health services, and 4) an inappropriate use of emergency rooms as mental health centers.
- Based on their research, they provided the following recommendations:
 - In-depth policies and procedures for school personnel and 2 hour certification every three years;
 - Create a mental health statewide database for resources and services available;
 - Consider current laws among other states that appear to reduce youth suicide rates, including education laws, firearm access, and bullying legislation; and
 - Conduct more research on the recommended suicide prevention program's return on investment on lives saved

Head asked if the SAMSA grant is a steady source of monetary help. Blackmon stated that it depends on the length of the grant, but sustainability is a must. SAMSA will help build a foundation, but the grant is not in perpetuity. Head stated that the speakers mentioned that telehealth may not be all that effective. Ashley stated that there are some limitations and only so much you can do with telehealth. Graham mentioned loan forgiveness and is not sure that it's funded. Mindi Goodpaster said that it was funded this year. Suzanne Clifford asked if there are best practices regarding workforce that other states are doing – we can't find enough people. Are there any pipeline strategies? Ashley stated that loan forgiveness is very important and reciprocity is critical. Also, people in the field say that you can't just give them one more thing to do to solve the issue.

Boggs sees more suicides from overdoses and not guns. Gun shops are reluctant to enter the conversation about suicide prevention. Sam Criss stated that social media has exacerbated bullying. Are there programs out there that use social media to intervene and get the message to kids? Ashley stated that there are programs out there like the Save, Talk, and Assist. There is also "project semicolon" and the You Are Not Alone Campaign. Boggs stated that Indiana also has the text for help program (text HELPNOW to 20121). Marc Kniola mentioned that calling a number might not be a student's first line of help. Students might be more willing to text or swipe rather than call. The task force seemed interested in this.

Education Subcommittee Update (Parri Black and Mindi Goodpaster):

The Education Subcommittee introduced 5 recommendations for consideration.

- Recommendation 1 - Use evidence-based programs and practices in schools that reduce and delay substance use and risk factors associated with social and emotional health concerns. This is complementary from our work in the area of youth suicide prevention.
- Recommendation 2 - Insure schools utilize and collaborate with prevention professionals and community partners that follow recommended best practices, provide for strategic prevention framework, and systems of care.
- Recommendation 3 - Select and deliver, with fidelity, programs for students and families listed in Indiana's Evidence Based Practice Guide, Division of Mental Health & Addiction's Evidence Based Program Workgroup, and National Registry of Evidence-based Programs and Practices.
- Recommendation 4 - Embed in schools clinically trained, licensed, and closely supervised personnel, typically Master's level Social Workers, to focus exclusively on: prevention, early problem identification, intervention, and referral to community services.
- Recommendation 5 - Invest a minimum of \$220 per pupil in effective school-based prevention and anticipate a cost-savings of 18x the investment, according to SAMHSA. The cost savings is reduced in health care, law enforcement, etc. Kniloa stated that we should take a list of programs and parse out those programs that would work for each school. Many schools will simply pick the programs that are the cheapest or free.

Subcommittee Updates:

Senator Head had a conversation with CJ Davis regarding telehealth. Clinicians cannot legally provide controlled substances over the phone and there must be an initial meeting with a physician before telehealth can begin. In their brainstorming they came up with the idea to have a pilot program to allow prescriptions of controlled substances over the phone.

Adjourn: 2:50 P.M.